STATE OF ALASKA SUBSCRIBERS' FORM NOMINATING PETITION CANDIDATE FOR U.S. CONGRESS

NAME:	:OFFICE:POLITICAL GROUP:(If no group, write "none")					
	(Candidate Name)					
W			that: we are qualified voters of the St	ate of Alaska and we reques	st that the	
	ca	andidate's name be placed on t	he November 20 General e	election ballot.		
	*PRINTED NAME	*SIGNATURE	*ALASKA RESIDENCE	*Last 4 SSN, Voter#,	*DATE	
	(Print Clearly)		ADDRESS	DOB, AK Driver's	SIGNED	
			(i.e. house no. & street name, mile post & road name and AK City)	License# or AK State ID #		
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NOTE: Please attach all Subscribers' pages to the "Nominating Petition" form.

Signers' names will be verified as qualified voters by the Division of Elections. *Voters should complete all columns for verification purposes.